

ASS. REC. BY: Paul

REF:

CS3/CT1 22002735/RV43

328A

- ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMK 5719Rat Workshop m/s MJEof 7, SIKMAM/ROD EST #101-94Insured: SMR 4901A CTIPolicy No. DMPCSNW00014512200Claims No. SNM22D202016/C02/TANKL

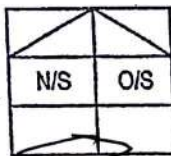
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 74K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMK 5719R Yr Regn: 20R APRType: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Jazz 1.3CVT c.c. 1318Colour Red A/C: Insured / Std / NI / NASp. Reading 016234 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMGK 3850KS212 917Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 175/65R15R: 175/65R15BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 23/03/22Survey held at MJEDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	REPAIR LIMIT - 5/K
28/3/22	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 6 days

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 28/3/22-typist

Report Format: _____

Lump Sum / I.B.F. (\$) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	23/03/2022 14:43 (SGT)
Date of Accident	23/03/2022 07:12 (SGT)
Exact Location of Accident	Bishan, Singapore
Additional Location Information	BISHAN FLYOVER TOWARDS UPPER SERANGOON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5719R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ELIEEN TAY MUI LING
NRIC No	SXXXX328A
Email Address	MELOVERRC@GMAIL.COM
Mobile Phone No	(Phone) +65-9619006
Alternative Phone No	(Home) +65-9619006

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10345155R01 S
Cover Note Number	15/04/2021 TO 14/04/2022

DRIVER

Name of Driver	ELIEEN TAY MUI LING
NRIC No	SXXXX328A

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

07/02/1980
Indoor
17/03/2000
22 YEARS
Male
(Phone) +65-9619006
(Home) +65-9619006
MELOVERRC@GMAIL.COM
17 LORONG LEW LIAN #07-34

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address

SMR4901A
-
-
-
-
Private car
FANG CHAO
SXXXX525C
-
-

Press complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-

TP

Vehicle

n/s

at:

Record

n:

Condition

new

epal

Market

Ident

Se

airs:

n:

REV

Tim

Date/Time



IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to renege policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(e) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(c) Investigating the accident and/or my claims:

(f) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all Insured(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my/ Personal Information for one or more of the above Purposes; and

(c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan

A. SMK5719 R
B. SMR 4901 A

→

→

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BISHAN FLYOVER

UPPER
2806000000

Green Bay

Felonyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Winnipeg by Recycling Centre
Personnel 2

23/03/2022

ALL INFORMATION CONTAINED

Date of accident: 23/3/22 Time: 0712H Location: BISHAN FLYOVER TOWARDS UPPER SERANGOON
My Vehicle A: SMK 5719R Vehicle B: SMR 4901H Vehicle C: _____

SKETCH PLAN

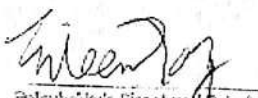
Describe Circumstances of the Accident.

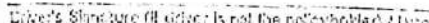
I was driving vehicle A along Bishan Flyover (towards upper Serangoon) on lane 1. The vehicle in front of me stopped. I slowed down and stopped too. After a few seconds, I felt an impact on the rear of my vehicle. Vehicle B collided into the rear of my vehicle. My vehicle will be repaired at MSE MOTOR.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time



Vehicle Reporting Centre Personnel

23/03/2022


> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	328A
Vehicle No.:	SMK5719R
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Mar 2022
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.3 CVT
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	L13B14100841
Chassis No.:	JHMGK3850KS212917
Maximum Power Output:	73.0kW (97 bhp)
Open Market Value:	\$15,652.00
Original Registration Date:	15 Apr 2019
First Registration Date:	15 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$5,652.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Apr 2029
PARF Rebate Amount:	\$4,239.00
COE Expiry Date:	14 Apr 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,170.00
COE Rebate Amount:	\$18,441.00
Total Rebate Amount:	\$22,680.00

The information contained herein is correct as at 28 Mar 2022

OK

Honda Jazz 1.3A

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

V1NCAR

Price **\$73,800**

Depreciation \$10,220 /yr
View models with similar depre.

Reg Date 01-Mar-2019
(6yrs 11mths COE left)

Mileage 58,900 km (19.1k /yr)

Manufactured 2019

Road Tax \$578 /yr

Transmission Auto

Dereg Value \$24,000 as of today (change)

OMV \$15,949

COE \$28,199

ARF \$5,949

Engine Cap 1,318 cc

Power 73.0 kW (97 bhp)

Curb Weight 1,052 kg

No. of Owners 1